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POST ABORTION CONTRACEPTION ACCEPTANCE AND ASSOCIATED FACTORS IN ADDIS ABABA

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ACCRONYMS

AA	Addis Ababa
CAC	Comprehensive Abortion Care
CI	Confidence Interval
CPR	Contraceptive Prevalence Rate
FDRE	Federal Democratic Republic Ethiopia
FGD	Focus group Discussion
HC	Health Center
HIV	Human Immune-deficiency Virus
IUCD	Intra uterine Contraceptive Device
MA	Medical abortion
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MPH	Masters in Public Health
MSIE	Marie Stops International, Ethiopia
MVA	Manual vacuum aspiration
NGO	Non-Governmental Organization
OR	Odds Ratio
PAC	Post abortion Care
PRB	Population Reference Bureau
RH	Reproductive Health
SAC	Safe Abortion Care
STI	Sexually transmitted infection
UOG	University of Gonder
W.H.O	World Health Organization

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ABSTRACT

Problem Statement: Abortion is one of the major causes for maternal mortality in the world as well as in our country. Unintended pregnancies which end up in abortion occur due to contraception method non use or misuse. To limit unintended pregnancies and avoid repeated abortions promoting immediate post abortion contraception is crucial.

Objective: The objective of the study was to assess the proportion of post abortion contraception acceptance among abortion served clients and identify factors associated with post-abortion contraception acceptance/non-acceptance.

Methods: A cross-sectional study was undertaken in 16 health centers in Addis Ababa from January 2011 to June 2011. Three hundred abortion clients were interviewed in the health centers on the use/ acceptance of post abortion family planning (PAFP). And, eight in depth interviews were made with abortion care service providers on the post abortion family planning (PAFP) provision.

Results: Among four hundred twenty two study subjects, two hundred sixty seven (63.3%) of the respondents who has got abortion care service accepted PAFP. From the group of women participated in the study, students had high PAFP acceptance with AOR=7.1, 95%CI (2.4, 20.8) which has positive significant association at P-value=0.01. A plan to have a child after five years has negative significant association with PAFP acceptance with AOR=0.39 95%CI (0.17, 0.94) and P-value=0.035. It is also showed that, as the time plan to have child increase the likely hood to use PAFP decreases. Post abortion women with history of previous contraceptive use had lesser acceptance of PAFP with AOR=0.33, 95% CI (0.17, 0.64) and negative significant association. SAC service and PAFP acceptance also has negative association, which means women who came for SAC service found to accept PAFP lesser than who needed PAC service, OR=0.23, 95% CI(0.08, 0.63) and P-value 0.004.

Conclusion: Post- abortion family planning acceptance is high and being a student has strongly positive association with it. Previous contraceptive knowledge doesn't have any association but previous contraceptive use has negative significant association.

Recommendation: Even though PAFP acceptance is high, emphasis should be given to increase the rate to the maximum since most pregnancies which end up with abortion are unintended.

1. INTRODUCTION

Abortion is one of the leading causes for maternal mortality world wide. Every year 5.5 million African women undergo abortion and 36,000 of them die from the procedure (1). In Ethiopia one in 27 women die from pregnancy related causes (2). According to EDHS 2005, maternal mortality rate (MMR) in Ethiopia is 673/100,000. Among the 3.27 million estimated pregnancies in Ethiopia every year, 500,000 end either in spontaneous or unsafe induced abortion (3). Many of the victims of abortion are married women (81percent) (4). Abortion complications range from short term to long term morbidity including infertility and death. In addition to health, abortion has social, psychological, and overall economic impact (5). The burden of abortion can be halt through the use of contraception. But, the fact showed that contraceptive prevalence rate in the country is only 14.7 percent and there is 34.8% un-met need of contraception for both spacing and limiting (3).

The new Ethiopian abortion law which was revised and adopted in May 2005 and allows termination of pregnancy by recognized medical institution within the period permitted under some restricted conditions (5). Based on this law, abortion care service is available in the health institution which is safest and any woman can access it.

To ensure that all women obtain standard, consistent, and safe termination of pregnancy services as permitted by law, Technical and Procedural Guideline for Safe Abortion service was developed by the Ministry of Health as an essential component of the strategy to reduce maternal morbidity and mortality, June 2006. Public as well as private health facilities are providing safe abortion service using manual vacuum aspiration (MVA) and medical abortion (MA) by trained mid-level health professionals for first trimester pregnancies. The service includes post-abortion care; emergency treatment of incomplete abortion, family planning counseling, STI evaluation and management, HIV testing and counseling. The major cause for unintended pregnancy which ends up in abortion is non-use or misuse of contraception methods. (6)

Although the main aim of availing comprehensive abortion care service in recognized health institutions is reduce maternal mortality through making abortion safer, the other important point is introduce, initiate and link the women with family planning methods after the abortion

procedure through post abortion family planning counseling to prevent repeat unplanned pregnancy and abortion because fertility returns within two to three weeks after abortion and the woman can get pregnant again within short period.

Among the interventions to decrease unintended pregnancies and abortion is increasing post abortion family planning acceptance and use, since post abortion period gives an opportunity to initiate family planning method for those who do not use contraception, to avoid repeated abortion. In order to increase the post abortion contraceptive uptake, contributing factors for not using or accepting contraceptives should be identified and addressed. Even though study made at MSI clinic showed that 90% of post abortion women accept family planning, it doesn't represent the scenario at the government health facilities.

This study tried to show the proportion of post abortion family planning acceptance in the public health centers in Addis Ababa, and identify factors associated with post abortion family planning acceptance so that program planners and implementers will focus on the alleviation of those factors.

Justification for the Study

The revised Ethiopian abortion law created the opportunity to access safe abortion service in the health facilities all over the country. The technical and procedural for safe abortion service guide line recommends the provision of post abortion family planning as part of the normal standard of post abortion care provided to the clients. To implement this approach, there must be study based easily available recommendations and strategies.

However, most of the researches conducted so far in our country focus on general abortion care. To date, few researches are available in the country regarding the post abortion family planning acceptance among abortion clients. Since there is a desire to increase post abortion family planning acceptance to avoid or reduce repeat abortions, it is important to assess the magnitude of post abortion family planning acceptance among abortion clients and identify factors related to post abortion family planning acceptance. The factors which could hamper the willingness can be identified and appropriate measures could be taken. By doing so abortion clients can access post abortion family planning and all benefit out of it.

2. LITRATURE REVIEW

Abortion is one of the most prominent issues in family planning services worldwide. For every 1,000 women of child bearing age (15-49) worldwide, 29 were estimated to have had an induced abortion in 2003(9). Nearly 5.5 million estimated African women have an abortion; 36,000 of these women die from the procedure and millions experience short and long term illnesses and disability (10).Abortion accounts 32 percent of maternal mortality rate (MMR) in Ethiopia (14).

In 2008, an estimated 382,000 induced abortions were performed in Ethiopia and 52,600 women were treated for complications of abortions. There were an estimated 103,000 legal procedures in health facilities nationwide, 27percent of all abortions. Nationally, the annual abortion rate was 23 per 1,000 women aged 15-44, and the abortion ratio was 13 per 100 live births. The abortion rate in Addis Ababa (49 per 1,000 women) was twice the national level. Overall, about 42 percent of pregnancies were unintended, and the unintended pregnancy rate was 101 per 1,000 women (10).

Prevalence studies of post abortion contraception done in Ethiopia show various results. More than 90% of all clients who received an abortion at Marie Stops International Clinic in Ethiopia by 2007 left with modern family planning method (24).

From the study done to assess the future potential capacity and quality of PAC service delivery in public health facilities in three regions of Ethiopia, 23 percent health facilities reported they provide post-abortion contraceptive service regularly. The rest of the facilities either rarely or never provide contraceptives. Post abortion counseling was reported to be a regular service provided by three fourth of the facilities but many of the health staffs (46%) who provide contraceptive method or counseling do not have special training in contraceptive counseling or provision (7).

The study done in Tigray from 2007 to 2009 to assess the safe abortion care (SAC) monitoring framework showed that, slightly more than 30 percent of all women who received abortion services left the facility with a contraceptive method (12).

The usage of contraception is essential in reducing the number of unintended or unwanted pregnancies which are causes for abortion. Two-third of unwanted pregnancies in the developing countries occurs among women who are not using any method of contraception (15). A nationwide hospital based survey of unsafe abortion in 9 of the 11 administrative regions of Ethiopia that was conducted from June to December 2000 indicated, the majority of women (87 percent) were aware of contraceptive methods, but only about half of them ever used a family planning method. Of those pregnancies that ended in abortion 60 percent were unplanned and 50 percent were unwanted. Method non-use was responsible for 78 percent of pregnancies that occurred. Among those with induced abortion, the most common reason for termination of pregnancy was contraceptive need (13).

A cross-sectional study done among reproductive age women in Harar town showed that 96% respondents knew at-least one modern contraceptive method. Among women who had sexual encounters 37.5% reported to be current users of modern contraceptives, 26.8% said had used methods sometime in the past and the rest 35.7% had never used contraceptives. Among these respondents, 33.3% reported their resent pregnancies were unintended (22).

The study done in four government hospitals in Addis Ababa showed that of the post abortion women, eighty percent have poor knowledge of contraceptives and eighty two percent do not have a plan to get pregnant in three months period following abortion(25).

From the study made in Addis Ababa on clients presented for abortion related services, only 57% were using contraceptive prior to presenting for abortion services. Among them, short term method of contraception was common and almost one third reported one or more previous abortions. Women seeking safe termination are relatively young, single and employed (21).

In the study done in Dar es Salaam to assess the post abortion contraception need of the women, ninety percent accepted the PAFP. Women aged 19 years and below were less likely to accept the service (26).

A clinic-based study of 24 abortion clinics in three large cities in China showed that, from women who had repeated abortions, 48.4 percent had two abortions within one year and, 63.7percent of the current pregnancies resulted from not using contraceptives (18).

The common cause for induced abortion is unintended or unwanted pregnancy due to varied reasons. Nonuse and misuse of contraception are the major reasons. Contraceptive prevalence rate (CPR) is 63.1perecent, 25.4percent and 14.7percent worldwide, in Africa and in Ethiopia respectively (6).This indicates that there is low utilization of contraception. The low level of contraceptive use leads to high levels of unintended pregnancy which needs an intervention to increase contraceptive use.

Various individual factors were identified to have association with post abortion contraceptive use. A cross-sectional study was conducted in Harar town, S.E. Ethiopia in 2001, where family planning services are relatively easily accessible, the most frequent reply given as the reasons for failure to avoid unintended pregnancy among the women who had unintended pregnancies were: inadequate knowledge on avoiding unwanted pregnancy (70.6 percent), husband or partner disapproval (11.6 percent), method failure (11.1 percent, and difficulty in accessing contraceptives (4.4 percent) (19).

From the study done in three public health facilities and three private health facilities in Addis Ababa, over half of the women ever used family planning but lower among the young women. Post abortion contraception was provided for 86% of the women, most commonly short term contraceptives and condom. Factors associated with long term method choice after abortion among women with previous contraceptive experience differ significantly from those who had never used contraceptives (27).

A study done in Diyarbakir-Turkey showed, post abortion contraception is influenced by age groups, educational level, parity, future fertility plan and previous induced abortion, and some reasons associated with not using contraception the women mentioned are I cannot get pregnant, I want to get pregnant, my husband is away from me, I have just give a birth, I am in menopause, I have divorced and, no reasons. Post abortion is the right time to introduce contraceptive advice because women are more ready to receive message (8).

Health service factors play a role in promoting increased use of post abortion contraception.
A cross-sectional survey in two regions of Ethiopia (2002/3) showed, 53.4 percent of clients left the facility counseled about family planning and 44 percent with contraceptives, but 84.55 of women do not plan pregnancy within three months following abortion (16).

Despite greater contraceptive prevalence in Addis Ababa (45% vs. 15% country-wide) and better access to family planning services, many pregnancies are still unwanted or mistimed, and one in ten married women living in Addis Ababa report unmet need for family planning (10%).High demand for abortion-related services and repeat abortions in the city underscores the role of abortion in the fertility aspirations of women in Addis Ababa. While abortion services are safe and relatively accessible in the capital city, improvements in access and availability of abortion services should not be a deterrent to strengthening family planning services; lack of access to modern contraceptives in populations that desire smaller families can lead to repeat abortions (17).

After post-abortion care at a family planning clinic in a public hospital located in Recife, Brazil, every woman received information on contraceptive methods, side effects and fertility. Counseling was individualized and addressed them about feelings, expectations and motivations regarding contraception as well as pregnancy intention. Of all women enrolled in this study, 97.4 percent accepted at least one contraceptive method. Most of them (73.4percent) had no previous abortion history. From the women who had undergone a previous abortion, 47.5percent reported undergoing unsafe abortion. The acceptance rate of post-abortion contraceptive methods was greater and the most chosen method was the best-known one. Implementing a special post abortion family planning service may promote an acceptance, regardless of the chosen method (20).

Following an intervention to strengthen family planning as part of PAC services in rural health districts in Senegal, nearly twice as many PAC clients reported receiving family planning counseling after the intervention as before the intervention. In addition, 20% of PAC clients left the facility with modern contraceptive method compared with the base line (23).

3. OBJECTIVES

3.1. General Objective

The over all objective of the study is to assess the proportion of post-abortion contraception acceptance among abortion served clients and factors associated with post-abortion contraception acceptance/non-acceptance in Addis Ababa.

3.2. Specific Objective

1. To determine the proportion of post-abortion contraception acceptance.
2. To identify factors associated with post-abortion contraception acceptance.

4. METHODS

4.1. Study Area

Government and public hospitals, clinics, health centers and some NGO clinics give comprehensive abortion care-service **(CAC)** in the city.

There are 25 health centers in the ten sub-cities of Addis Ababa which are giving **CAC** service by trained mid-level health professionals. Among them sixteen health centers were involved in the study.

4.2. Study Design

This study used a facility based cross-sectional study employing both quantitative and qualitative data collection methods. In depth interview was used for the qualitative part of the study to supplement the finding of the quantitative study.

4.3. The Study Population

The study population includes women who receive abortion care service in the sixteen selected health centers, within the study period.

Inclusion Criteria: women visiting the study health facilities for abortion service and willing to participate in the study are included.

Exclusion Criteria: women who came to seek abortion care service due to spontaneous abortion and need to get pregnant sooner again.

4.4. Sample Size and Sampling

From twenty five health centers in Addis Ababa that are currently giving Comprehensive Abortion Care service, sixteen were selected using simple random sampling.

The study subjects were all clients who received abortion care service from the selected health centers from January to March 2011. The total sample size were allocated to each health facilities based on the proportion of average clients served each day after taking the previous three months average clients load.

Sample Size Determination

- For objective one:

n - Sample size

Z - Standard error with the given level of confidence

d - Margin of error = 3%

CI - Confidence interval = 95%

P - Prevalence of post abortion contraception in Addis Ababa, 90%

$$n = Z_{(\alpha/2)}^2 \frac{P(1-P)}{d^2}$$

$$= (1.96)2 \ \frac{0.9(1-0.9)}{(0.03)2}$$

n= 384

Non-response rate (10%) = **38**

The total sample size of the study is **422**

- For objective two:

The sample size was calculated based on the assumption that previous contraception use is the major determinant factor to post abortion contraceptive utilization. Sample size was calculated using EPI-Info version 3.5.1 statistical software program for two population proportions formula:

$$\frac{[Z\alpha/2\sqrt{(1+1/r)p(1-p)} + Z\ \beta\ \sqrt{p_1(1-p_1)+\frac{p_2(1-p_2)}{r}}]}{(p_1-p_2)^2}$$

Where:-

α = The level of significance= 0.05

1 – β = The power of the test = 90 %

r = Case to control ratio = 1:2

p_1= proportion of exposure among non acceptors (controls) =0.35---------- (22)

p2 =proportion of exposure among acceptors = 0.65

P (population proportion) = $P_1+rp_2/1+r$= 0.20

Based on the assumptions of 95% confidence level and 90% power calculated using Epi-info, 47 non-acceptors and 94 acceptors, a total of 141 respondents were needed. Considering 10% non-response rate, which is14, total sample size **(n)** will be155**.**

4.5. Data Collection Procedures

For Quantitative Data

The questionnaire was first prepared in English and then translated in to Amharic keeping the content of the question using understandable words, as the study subjects speak Amharic.

The data collectors were abortion care providers at the selected health centers. They were recruited as data collectors, because abortion clients need privacy and are not comfortable to share their private issues concerning abortion other than abortion care providers.

They were trained for one day on questions included in the questionnaire, interviewing techniques, purpose of the study, and importance of privacy, discipline and approach to the interviewees and confidentiality of the respondents. Before conducting the main study, pre test was carried out on fifteen cases from three health facilities, which were not included in the main study. Based on the result, data collectors were reoriented and the questionnaire has been modified as necessary. The questionnaire was filled by asking the woman after they get the abortion care service. The primary investigator checked filled questionnaires for their completeness and consistency.

For Qualitative Study

In depth interview was used in order to supplement the quantitative information with providers' perspectives. Eight in depth interviews with abortion care providers selected using purposive sampling method from the data collectors was made. Eight in-depth interviews are chosen because the idea saturates after fives interviews. A semi-structured interview guide was implemented to facilitate the interview. Interviews were conducted in the health centers, and each has lasted within about thirty munities. The principal investigator was the interviewer, and tape recorder was used for recording interviews.

4.6. Data Quality

One day training was given to data collectors. Pre-test on the Amharic version questionnaire was also conducted to ensure whether questionnaires were well understood by both clients and

providers as well as to make early corrections before the major study started. Accordingly, modifications were made and the modified Amharic version was used during the interview in all study subjects. The interview was conducted at a private place in the health centers to ensure good discussion site between the data collectors and clients. Close supervision by principal investigator was made during data collection. Questionnaire was checked for completeness on a regular basis by principal investigator. Besides, to keep the data as accurate as possible, principle investigator checked the collected data for completeness, accuracy, clarity and constancy through the data collocation period and the necessary corrections was made on the field. After the data entered into Epi- info version 3.5.1.statistical soft ware, it was crosschecked and cleaned for some errors prior to data analysis.

4.7. Data Analysis

Data were coded, entered into computer using Epi-info version 3.5.1 package and cleaned. Analysis was done using SPSS; a single population proportion was used to estimate the proportion of post abortion family planning acceptance. Multiple logistic regressions were used to analyze the association between PAFP acceptance and various socio-demographic and reproductive health variables. Odds ratio and confidence interval were used to measure the strength of associations. The results were considered statistically significant at $P \leq 0.05$.

4.8. Operational Definition

Acceptance: Use of contraceptive method among clients served for abortion care in the health care facility.

Abortion: Termination of pregnancy before twenty eight weeks of gestation.

Post-abortion contraception: Use of contraceptives immediately after any abortion care procedure.

Safe abortion care: An abortion which is initiated and performed with trained health care provider in a health care facility with appropriate instrument/method.

Post abortion care: Abortion care given to whom seeking care after initiation/induction of an abortion.

Comprehensive abortion care: Abortion care service which includes both safe and post abortion care.

Attitude: A favorable or unfavorable attitude towards any modern contraceptive methods.

Contraceptive prevalence rate (CPR): - Total number of 15-49 years of age women who are **c**urrently using contraceptive methods or percent of fertile age women of currently using modern FP methods per total number of women in this age group.

Knowledge: Awareness about any one or more of the modern contraceptives at the time of the study gained through information or exposure to FP education or any information source.

Modern contraceptive methods: - Refer to both temporary and permanent modern contraceptive methods that are taken orally, administered to the sub-dermal or provided through aseptic procedure by skilled health provider depending on the medical eligibility criteria.

Non-users: Women in the age of 15 to 49 years, who have never used or are not currently using any contraceptive methods.

Side Effects: Medically known and manageable symptoms or conditions related to use of contraceptive.

Socio-economic status: refer to personal data like marital status, income, ethnicity, educational level, and religious backgrounds.

Unmet need: proportion of women who wants to avoid, delay, space or limit but not using any method for various reasons.

Users of contraceptives: women in the age of 15 to 49 years, which have ever used or currently are using any modern method of contraception.

4.9. Variables of the Study

Dependent Variable

- Post abortion contraceptive acceptance

Independent Variables

- Socio-demographic variables:- (age, religion, marital status, occupation, educational level, residence, etc)
- Reproductive health variables:- (parity, fertility plan, FP use history, previous abortion history, etc)
- Other factor variables:- (knowledge about contraception, reason for current abortion, method used for abortion, etc)

4.10. Ethical Considerations

Before conducting the study, approval letter from the UOG, and permission from ARHB was obtained. Purpose of the study was explained to the interviewee as well as the concerned officials. Informed consent was obtained before the interview. The participants of the study were told they can refuse to continue or escape questions whenever they want, and confidentiality of the information that they give will be kept among the research assistant and the investigator. During the data collection procedure, the data collectors kept the privacy and confidentiality of the interviewee to the maximum and to ensure confidentiality of respondents, their names were not indicated on the questionnaire.

Additionally, an informed verbal consent was received from each study subjects and anyone who was not willing to take part in the study had the full right to do so. All interviews were made individually to keep privacy.

5. RESULTS

5.1. Result of the Quantitative Study

Socio-demographic Characteristic

Four hundred twenty two post abortion clients were interviewed from sixteen selected health centers in Addis Ababa during the data collection period.

The respondents were categorized into five age groups. As indicated in the table (Table 1) below, the survey finding indicate that the majority of the respondents 39.9 percent and 24.2 percent respectively were in the age group 20-24 and 15-19. While 23.8 percent, 7.8 percent and 4.3 percent of the study subjects account for 25-29, 30-34 and 35 years and above respectively.

According to the result of the survey, the distribution of respondents by marital status showed that, about 223(52.8%) were unmarried, 169(40%) married and the rest 30(7.1%) were divorced/widowed.

Among the study subjects the vast majority reported, three hundred thirty two (79.8%) that they have attend formal education ranging from elementary to tertiary level, 51(12.3%) were found to be illiterate and 31(7.5%) literate (See Table 1).

The distribution of respondents by religion showed that, 306(72.9%) were Orthodox, 34(8.1%) Protestant and the rest 80(19.0%) reported their religion to be Muslim. More over, as can be seen from Table 1 below, the occupational status of the study subjects, by the time of the survey was conducted 144(34.1%) were employed(government/ NGO/ private), 120(28.4%)students, 70(16.6%) house maids/daily laborers and 80(19.0%) unemployed.

Table 1: Percentage Distribution of study population by Socio-demographic characteristic (n=422)

Variables	Frequency	Percentage
Age(421)		
15-19	102	24.2
20-24	168	39.9
25-29	100	23.8
30-34	33	7.8
35+	18	4.3
Marital Status(422)		
Married	169	40.0
Divorced/ Widowed	30	7.1
Unmarried	223	52.8
Residence(415)		
Addis Ababa	402	96.9
Regions	13	3.1
Occupation		
Employed	144	34.1
Students	120	28.4
House maids/Daily laborers	70	16.6
Unemployed	80	19.0
Educational level(414)		
Illiterate	51	12.3
Literate	31	7.5
Elementary	161	38.5
Secondary and above	171	41.3
Religion(420)		
Orthodox	306	72.9
Protestant	34	8.1
Muslim	80	19.0

Source:-Jan-March, 2011 abortion clients in Addis Ababa Health centers

Reproductive, Contraceptive and Abortion History

The study finding has reveled that among the four hundred twenty two respondents, 135(32.1%) reported that they have given birth at least once, but the majority 283(67.9%) reported that they never give birth. More over forty nine (12%) of the study subjects had a history of previous abortion.

As shown in the table 2, of the total respondents' significantly higher proportion 368(87.4%) respond that they knew at least one modern contraceptive method and 251 (60.2%) have used at last one modern contraceptive method in the past. Further more three hundred fifteen (77.5%) respondents have a plan to give birth and among them 234(76.7%) had a plan after three years, and 71(23.3%) within three year. Concerning family planning decision in the family or among couples, 178(61.4%) reported they make decision together, 101(34.8%) reported they decide by themselves and 11(3.8%) reported that its their husband's/partner's decision.

The study also reveled that the majority of respondents, 385(91.7%) seek safe abortion service and the rest 35(8.3%) women seek post abortion service. (See Table 2)

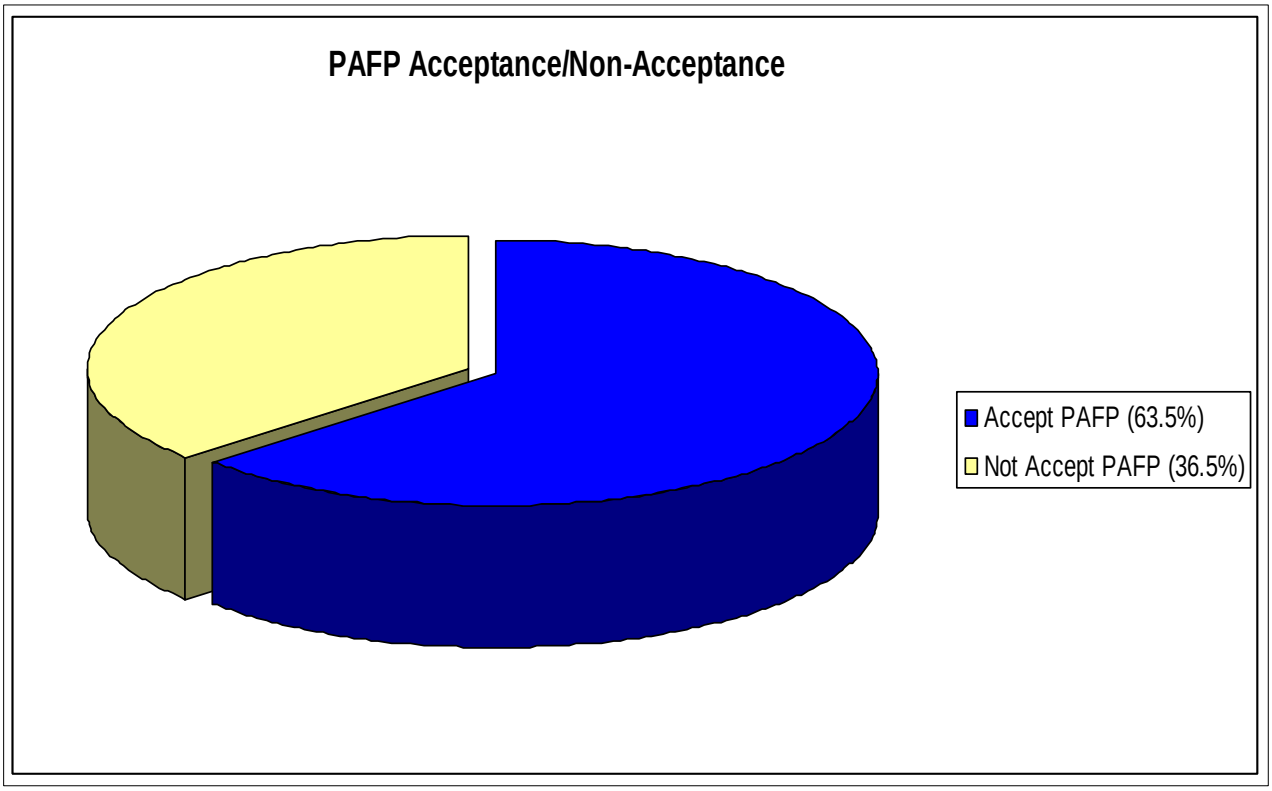
Table 2: Reproductive, contraceptive and abortion history of post abortion clients in Health centers in Addis Ababa, 2011

Variables	Frequency	Percentage
Fertility plan(404)		
Yes	313	77.5
No	91	22.5
Plan to give birth(313)		
1-3 years	71	23.3
3-5 years	64	21.0
After five years	170	55.7
Have given birth(420)		
Yes	135	32.1
No	285	67.9
Decision to F/P use(290)		
Husband	11	3.8
Wife	101	34.8
Both	178	61.4
Ever know FP (401)		
Yes	368	87.4
No	53	12.6
Ever use FP(417)		
Yes	251	60.2
No	166	39.8
Type of abortion(420)		
SAC	385	91.7
PAC	35	8.3
History of previous abortion(408)		
Yes	49	12
No	359	88

Source:- Jan-March, 2011 abortion clients in Addis Ababa Health centers

From the study done in sixteen health centers in Addis Ababa from January to March 2011,four hundred twenty two study subjects were participated and 267 (63.3%) respondents accepted post abortion family planning and the rest 155(36.7%) respondents do not accept post abortion family planning methods.(See fig1. below)

Fig1. Post abortion family planning use /acceptance among post abortion clients



Source:-Jan-March, 2011 abortion clients in Addis Ababa Health centers

Respondents were also asked to give reasons for not using family planning method before or after abortion. Accordingly, one hundred forty six said no or infrequent sex; forty(94.1%) said fear of side effects; thirty nine (28.5%) said inconvenience to use family planning methods; twenty five (31.6%) said they do not know any family planning method; twenty six (16.1%) said that they do not want to use; seventeen(16.7%) want to give birth; twelve (10.9%) of them said they do not know where to find; eight(7.7%) and five(5.1%) respond that they have partner and religious opposition respectively; eighteen(3.2%) said they have nothing to mention as a reason not to use family planning method(See Fig 2).

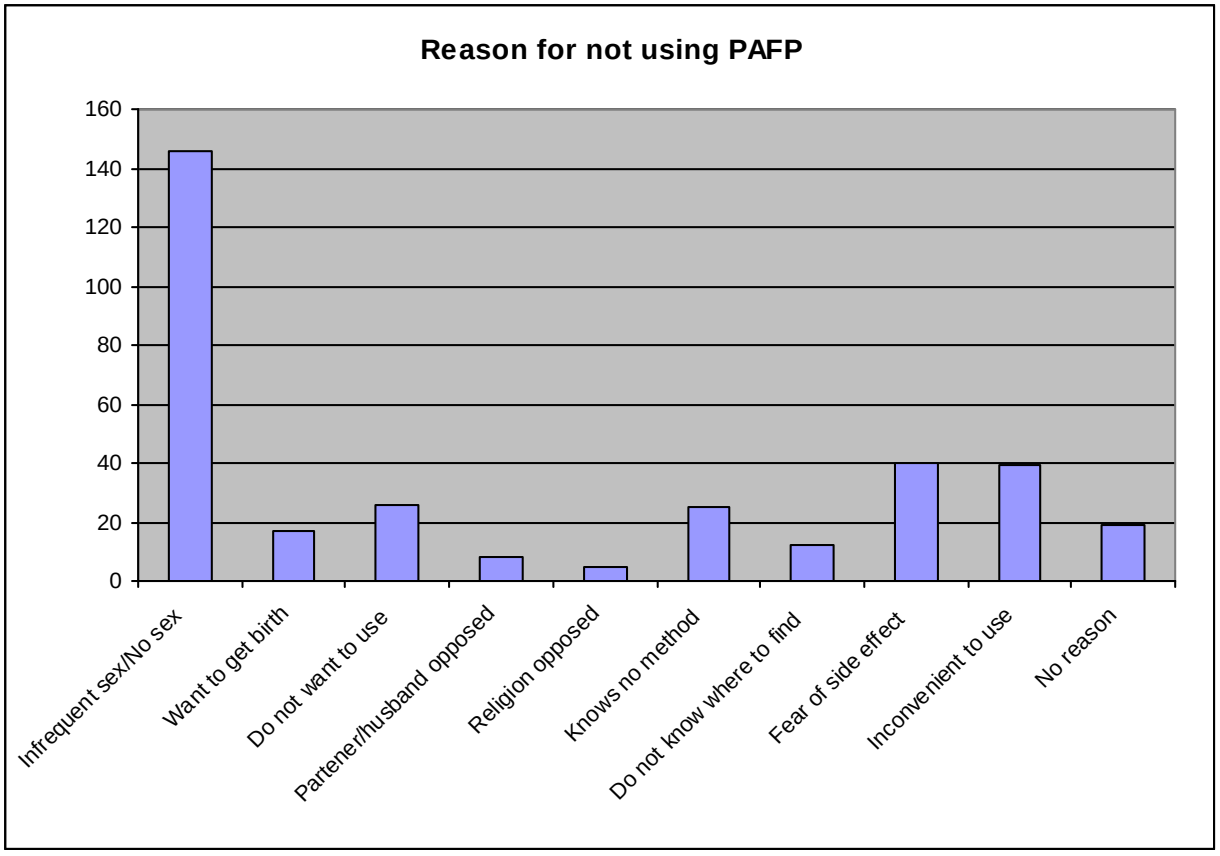


Figure 2: Response for reasons for not using any contraceptives methods

Source:-Jan-March, 2011 abortion clients in Addis Ababa Health centers

As summarized in table 3, after logistic regression has been used to assess factors associated with post abortion family planning acceptance, women aged from 20-24 were six times likely to accept PAFP compared to women aged 15-19 and compared to other age groups women above 35years of age were less likely to accept PAFP. Compared to unmarried, divorced/widowed showed three times higher acceptance. Literate women were found to accept PAFP 3.7 times higher than the illiterates. Students accepted PAFP much higher (seven times) than unemployed with OR (7.1) 95%CI (2.4, 20.8) and other group of women with different occupation had also accepted PAFP better than unemployed. Protestant women also found accepted PAFP almost three times higher than Muslim women. Women who wanted to have a child within three to five years accepted PAFP 1.6 times higher than who want to get birth before three years but women who had a plan to have a child after five years were found to be less likely to accept PAFP. Having a child previously didn't have any significance association with PAFP use. Previous contraceptive knowledge doesn't show any effect on PAFP acceptance. Subject who had no history of previous abortion found to accept post abortion family planning almost two times higher than who do have abortion history. Women who had ever used contraception before were found to be at risk of not to accept PAFP with OR (0.33) and 95%CI (0.17, 0.64) and women who came to get safe abortion service also were found to be at risk of not accepting PAFP, OR (0.23) 95%CI(0.008, 0.63).

Table3: Association of post abortion contraceptive acceptance and non- acceptance with socio-demographic factors, reproductive and abortion history.

Variables	PAFP accepters (#)	PAFP Non-accepters (#)	OR((95%CI)	Adjusted OR(95%CI)
Age				
15-19	41	61	1	1
20-24	107	61	0.38(0.23,0.64)	6.2(0.64, 59.9)
25-29	76	24	0.21(0.11,0.39)	2.75(0.31, 24.3)
30-34	28	5	0.12(0.04,0.34)	1.94(0.23, 16.4)
35+	15	3	0.13(0.03,0.49)	1.1(0.1, 10.9)
Marital Status				
Married	121	48	0.49(0.32, 0.75)	1.3(0.67, 2.9)
Divorced/Widowed	23	7	0.37(0.15, 0.91)	3.1(0.69, 13.9)
Unmarried	123	100	1	1
Educational level				
Illiterate	42	9	1	1
Literate	21	10	0.33(0.15,0.71)	3.7(0.78, 17.7)
Elementary	99	62	0.72(0.32,1.62)	1.9(0.6, 6.4)
Secondary and above	103	68	0.95(0.61,1.47)	1.35(0.38, 4.9)
Occupation				
Employed	108	36	0.94(0.5, 1.75)	1.3(0.55, 3.3)
Students	43	77	5.0(2.7, 9.4)	7.1(2.4, 20.8)**
House maids/ daily laborers	49	21	1.2(0.59, 2.5)	1.2(0.36,3.9)
Unemployed	59	21	1	1
Religion				
Orthodox	194	112	1.27(0.75,2.15)	1.3(0.58, 2.9)
Protestant	16	18	2.47(1.08,5.63)	2.9(0.89, 9.2)
Muslim	55	25	1	1
Pan to give birth				
1-3 years	47	24	1	1
3-5 years	52	12	0.73(0.41, 1.3)	1.6().67, 3.9)
After 5 years	100	70	0.33(0.16,0.66)	0.39(0.17,0.9)*
Have given birth				
Yes	111	24	0.26(0.16,0.43)	0.85(0.36, 2.0)
No	156	129	1	1

Ever know FP	238			
Yes		129	0.6(0.34,1.0)	1.1(0.39, 3.1)
No	28	25	1	1
Ever use FP				
Yes	190	61	0.26(0.17,0.39)	0.33(0.17,0.64)***
No	74	92	1	1
Type of abortion				
SAC	250	135	0.51(0.25, 1.0)	0.23(0.08,0.63)***
PAC	17	18	1	1
History of abortion				
Yes	34	15	1	1
No	225	134	0.74(0.39,1.4)	1.9(0.73, 4.9)

1 Reference group
* Significant at P-value ≤0.05
** Significant at P-value ≤0.01
*** Significant at P-value ≤0.005

Source:-Jan-March, 2011 abortion clients in Addis Ababa Health centers

Result of Qualitative Part of the Study

Eight abortion care providers who have comprehensive abortion care training from different health centers were interviewed. Three of them were females and the rest male providers. Among them four are midwife nurses. Their year of experience ranges from two and half years to ten years. Four of them have basic family planning training. About the post abortion family planning usage three said more than 50 %, one said 80%, two said around 85% and one said almost 99% use PAFP. This show, on average around 65 percent accepts post abortion contraception which is more or less similar to the qualitative finding. All of interviewee said that they have enough job aid for giving PAFP counseling and counsel every client who came for abortion care service about family planning methods.

As is true in the quantitative finding, here is also found that the age of clients who came to seek abortion care service is young and the respondents in addition mentioned the very young ones are students with no permanent partner and no modern contraceptive use except condom and emergency contraception.

Factors for not accepting PAFP by their clients they mentioned were there is lack of knowledge and enough understanding about family planning methods by the clients, fear of side-effects especially among previous family planning users, adolescents fear parents may know they use contraceptives, misconceptions, for few partner's opposition and the raped once and students saying that they will not have sex again and if there is any they prefer to use male condom. Some of these reasons has been also identified using the quantitative method.

After they took the abortion care service training they initiated the service in their respective health facilities and most of them said the demand for the service increases from time to time and as there is only one abortion service provider in each health facility the time and quality of family planning counseling may decrease and affect the family planning acceptance of the clients.

As most of the abortion care providers didn't have family planning training except the counseling, if the client needed long term family planning method they have to refer her to the

family planning unit for the service which causes inconvenience for the client to take the chosen contraceptive method, because the client wants to keep their privacy and confidentiality.

Most of them said if family planning education is given in schools the problem will be reduced since majority of their clients are students. To give family planning information and knowledge to the community as a whole in order to prevent unintended pregnancy, they also said to work in collaboration with health extension workers will be effective . They also mentioned to improve the PAFP service all of CAC providers should have basic family planning training in order to give the PAFP service with the same provider keeping the clients privacy and confidentiality and the provider's commitment is also very necessary.

6. DISCUSSION

In this study four hundred twenty two subjects were participated. Among them, sixty three percent of women accept PAFP which is greater than the study made in three regions (Addis Ababa, Amhara and Oromiya) of Ethiopia 2002/3(16) and in Tigray region from 2007-2009(12), but less than the study done at MSIE clinics in Addis Ababa and also from the study done in Brazil (20,24). Even though the percentage of women who accepted PAFP is greater than the women who didn't accept, we can not say it is satisfactory because most of the women who came to get abortion care service had unintended/unplanned pregnancy, they all need to use contraception to avoid similar incidents.

As some of the studies done Ethiopia, this study also shows that larger proportion of the women who came for the abortion service were below the age of thirty and around 60% were not currently married (17, 21). Unmarried young women have a greater probability of having unintended pregnancy which will end up with abortion.

In this study divorced/widowed women were found to accept PAFP three times higher than the unmarried women and also better than the married. From the qualitative finding, one of the reasons unmarried women do not use contraceptive as most of them said is they have casual sex. Previous studies also have similar type of conclusion on marital status. The reason could be different in different society and individual exposure factors (17, 22, and 25).

Majority of the women included in the study (87%) new at least one contraceptive method before and around sixty percent have ever used modern contraceptive method. Compared to the study made in Harar town, the status of contraceptive previous knowledge showed to be 96%, it is lesser and ever use of contraceptive is comparable (22). But when compared to the nationwide hospital based survey done in 2000 in Ethiopia, previous contraceptive knowledge of post abortion clients (87%) is equal(13). From the qualitative finding, some women who had used contraceptive before also do not want to use contraceptive complaining about side effects. This may be due to poor quality family planning service in which they didn't get enough and accurate information about the contraceptive methods they used.

History of previous abortion was reported about by twelve percent of the respondents which is much lesser than previous study done in Addis Ababa (21). The same as the study done in Dra es Salaam, it didn't show significant association with post abortion family planning acceptance (26). Even though women who had history of previous abortion and unintended pregnancy should have used any modern contraception method which can protect against similar incidents, not all are willing to accept/use post abortion contraception.

The study result showed that time plan to have child is significantly associated with PAFP use. Seventy five percent of the respondents plan to give birth after three years. Unlike some researches revealed (16), this study showed as the time plan to have a child increases, PAFP acceptance decreases. Unlike the result of this study, as a woman's plan to give birth increases the rate of contraception use must increase.

Educational level of respondents didn't show any significant association with PAFP. Women with primary education had accepted PAFP more than others which have similar result as showed in some studies. But, according to some studies as educational level increases the use of contraception increases (17, 22, 25) which seems logical.

The study result showed that student are high likely to accept post abortion contraception than other women unlike previous study made in Addis Ababa showed (17). In contrary, the information from the in-depth interview suggested that most of the post abortion women who refuses to accept PAFP are students due to various reasons and it is reported that most students leave with condom or say they can get condom from pharmacy.

The most frequent reasons mentioned by the participants of the study for not using any contraceptive method were no or infrequent sex (146), fear of side effects (40), inconvenience to use family planning methods (39) which is due to in adequate knowledge of family planning methods which are available. The study made in Harar showed different result on reasons of not using contraception in which the highest were inadequate contraceptive knowledge and partner disapproval.

7. STRENGTH AND LIMITATIONS

7.1. Strengths

- Qualitative design was used to substantiate the quantitative findings.
- Using the abortion service provider as a data collector helped to keep the confidentiality and privacy of the respondents so that they can give the required information comfortably.
- Utilization of logistic regression to control for the possible confounding effect.
- Quality control during data collection, data entry and analysis

7.2. Limitations

- The study didn't include rural population and as it was done in public health centers in which less number of abortion care service is given, it might affect its generalizibility.
- Social desirability bias
- Doesn't include all of health facilities
- Possible barriers were not identified from providers' and health facility perspective
- Like any other cross-sectional study, could not explain cause and effect relationship
- Time constraint to get the required study sample as intended from some facilities.

9. CONCLUSION

- More than sixty percent (63.3%) of women who came for abortion care service accepted post abortion family planning. Most of the women who seek abortion care service in the health centers were very young and students.

- Students are highly likely to accept PAFP better than other women. As the time plan to have a child increases, the likely hood of PAFP acceptance decreases. Women who ever used contraceptive have a lesser acceptance of PAFP and also women who come to seek PAC service less likely to accept PAFP. Even though most women had previous knowledge of contraception, it doesn't reveal they accept PAFP. No or infrequent sex and fear of side effects were found to be major reasons for not accepting PAFP. Based on the in depth interview made with abortion service providers most of abortion service clients were very young, students, doesn't have enough knowledge and previous practice of modern contraception except condom, and have a fear of their parents to use contraception.

9. RECOMMENDATION

- Even though the proportion of women who accepted PAFP is high, emphasis on post abortion family planning education and counseling should be given to increase the acceptance rate to the maximum, since post abortion is one entry point or opportunity to get contraception and the accurate and appropriate information about contraceptive methods in order to reduce risk or repeat unwanted pregnancy.

- As most of the clients are young and students, providing focused RH and family planning awareness creation activities in schools by integration of efforts among teachers, parents and MOH(RHB)/other stake holders will enable them of prevent unwanted pregnancy and abortion.

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ANNEX 1. Consent Form

CONSENT STATEMENT

Assessment of the Proportion of Immediate Post-abortion Contraception and Factors Associated with Post-abortion Contraception Acceptance

Introduction:

Greeting: my name is _____. I'm comprehensive abortion care service provider in this health center. This questionnaire is prepared to conduct a study on Factors Affecting Post Abortion Contraception Acceptance in Addis Ababa Health Centers.

Thank you for agreeing to talk to me today. As part of a research study, we're interviewing clients at this Health Center to learn more about your background characteristics, knowledge of family planning methods, whether you use a family planning method and how you make your contraceptive preferences. The information you share with us will be helpful to increase and sustain access, demand and utilization of high quality post abortion contraceptive services offered by the Public Health Facilities.

Confidentiality and consent: "I'm going to ask you some personal questions related to contraceptive use and abortion. There is not necessarily any right or wrong answer. I would like to ask you share your views as freely and completely as possible.

We will protect the confidentiality of your responses to the best of our ability. Your name will not be written on this form and will never be used in connection with any of the information you tell me.

This interview is voluntary. Your decision on whether or not to participate in the interview will not affect the health care you receive at this facility. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to.

However, your honest answers to these questions will help us improve our understanding of the problem/gap on the services. We would greatly appreciate your participation in this interview. It will take about 10-15 minutes.

Would you be willing to participate in this interview? If yes, continue with the interview otherwise stop here.

(Signature of interviewer certifying that informed consent had been given verbally by respondent).

የድህረ-ውርጃ ቤተሰብ ምጣኔ አገልግሎት ላይ ተጽእኖ የሚያሳድሩ ምክንያቶችን ለመረዳት የተዘጋጀ መጠይቅ ለመሙላት የፈቃደኝነት ማረጋገጫ ቅጽ፡፡

የመጠይቁ ቁጥር ----------

የጤና ድርጅቱ ስም _____

ክልል <u>አዲስ አበባ</u>

ስሜ _____ይባላል፡፡ የምሰራው በዚሁ ጤና ጣቢያ የጽንስ ማቋረጥ እና የድህረ-ውርጃ አገልግሎት መስጫ ክፍል ውስጥ ነው፡፡ ይህ መጠይቅ የተዘጋጀው የድህረ-ውርጃ ቤተሰብ ምጣኔ አገልግሎት ላይ ተጽእኖ የሚያሳድሩ ምክንያቶችን ለመረዳት ሲሆን የጥናቱ አንድ አካል በጤና ድርጅት ውስጥ ለተገልጋዮች ቃለመጠይቅ በማቅረብ የድህረ-ውርጃ ቤተሰብ ምጣኔ አቅርቦትና አገልግሎትን ማሻሻል ነው፡

ለዚህ ጥናት ይረዳን ዘንድ የተወሰኑ ጥያቄዎችን ያዘጋጀን ሲሆን ለእርስዎም እነዚህኑ ጥያቄዎች አቀርብልዎታለሁ፡፡ በጥናቱ መሳተፍና አለመሳተፍ የርስዎ መብት ነው፡፡ ለመሳተፍ ከተስማሙና የሚጠየቁትን ጥያቄዎች መመለስ ከጀመሩ በኃላም ቢሆን እንኳን ጥያቄዎቹን ማቋረጥ ይችላሉ፡፡ ከጥያቄዎቹ መካከልም መመለስ የማይፈልጉት ካለ አለመመለስ ይችላሉ፡፡ ለጥያቄዎቹ የሚሰጡን መረጃዎች በሙሉ በሚስጢር የሚያዙ ሲሆን በምንም አይነት ሁኔታ ስምዎ ከመረጃዎቹ ጋር ተያይዞ አይቀርብም፡፡ ጥያቄዎቹን ለመመለስ ፈቃደኛ ሳይሆኑ ቢቀሩ እምቢታዎ በጤና ድርጅቱ ከሚያገኙት አገልግሎት ጋር በምንም አይነት የሚገናኝ አይደለም፡፡ በመሆኑም እምቢ ቢሉም እሺ ቢሉም ከጤና ድርጅቱ ከሚያገኙት አገልግሎት ማግኘት አይከለከሉም፡፡

ይህ ቃለመጠይቅ የሚፈጀው 10-15 ደቂቃዎችን ሲሆን፣ እርስዎ በእዉነተኛነት የሚሰጡን መረጃ የድህረ-ውርጃ ቤተሰብ ምጣኔ አቅርቦትና አገልግሎትን በአገራችን ማሻሻል በሚደረገዉ ጥረት ላይ የበኩሉን ገንቢ ሚና የሚጫወት መሆኑን ስንገልጽልዎት ለሚሰጡን ጊዜ በቅድሚያ ምስጋናችን የላቀ ነው፡፡

ይህንን መረጃ ለመስጠት ፈቃደኛ ነዎት?

አዎ---------- አይደለሁም----------

ANNEX 2. Questioner

Questioner for Post-abortion Clients to Assess Contributing Factors for Post-abortion Contraception

Q	Question	Response	Skip
	Part 1.Socio Demographic Data		
101	What is your age?	_____(Age in complete year)	
102	What is your religion?	1. Orthodox	
		2. Protestant	
		3. Catholic	
		4. Muslim	
		5.Other(Specify)_____	
103	Where is your current residence?	1.Addis Ababa	
		2. Region	
		3.Abroad	
104	What is your current marital status?	1. Single	Skip to Q106
		2. Live with regular partner, but not married	
		3. Currently married	
		4. Separated/divorced	Skip to Q 106
		5. Widowed	Skip to Q 106
105	Is your husband/partner living with you now?	1. Yes	
		2. No	
106	What is the level of education of your husband/partner?	1. Illiterate	
		2. Read and Write/Informal education	
		3. Grade 1-6	
		4. Grade 7-8	
		5. Grade 9-12	
		6. College	
		7.Graduated	
107	What is your level of education?	1. Illiterate/Informal education	
		2. Read and Write	
		3. Grade 1-6	
		4. Grade 7-8	
		5. Grade 9-12	
		6. College	
		7. Diploma	
		8.Graduated	

108	What is your current occupation?	1. Merchant	
		2. House wife	
		3. Government employee	
		4. Private employee	
		5. NGO employee	
		6. Student	
		7. Daily laborer	
		8. Maid	
		9. Unemployed	
		10. Others(specify)	
	Part 2. RH Data		
201	Have you ever given birth?	1. Yes	
		2. No	Skip to Q 203
202	If you give birth:		
	1. What is the total number of children born alive?	_____(Write in number)	
	2. What is the number of children surviving?	_____(Write in number)	
	3. What is the age of the last child?	_____(Write in number)	
203	Have you ever had an abortion?	1. Yes	
		2. No	
204	Do you need to give birth to additional children?	1. Yes	
		2. No	Skip to Q 301
205	When do plan to have the next child?	1.In one year	
		2.After one year	
		3.2-3 years	
		4.3-5 years	
		5.After five years	

	Part 3. Family planning related Data			
301	Have you ever heard about any family planning methods?	1. Yes		
		2. No		
302	Which method of family planning have you ever heard? **(First let the respondent describe and then ask the respondent by reading the choices)**			
	Pills	1. Yes	2. No	
	Injectable / Depo Provera	1. Yes	2. No	
	IUCD	1. Yes	2. No	
	Implant	1. Yes	2. No	
	Condoms	1. Yes	2. No	
	Emergency contraception	1. Yes	2. No	
	Female sterilization/Tubal ligation	1. Yes	2. No	
	Male sterilization/Vasectomy	1. Yes	2. No	
303	Have you ever used any method of family planning?	1. Yes		
		2. No		Skip to Q 306
304	Which method of family planning you used?			
	Pills	1. Yes	2. No	
	Injectable / Depo Provera	1. Yes	2. No	
	IUCD	1. Yes	2. No	
	Implant	1. Yes	2. No	
	Condoms	1. Yes	2. No	
	Emergency contraception	1. Yes	2. No	
	Female sterilization/Tubal ligation	1. Yes	2. No	
	Male sterilization/Vasectomy	1. Yes	2. No	
305	Do you use any method of family planning methods before (during) this pregnancy?	1. Yes		
		2. No		Skip to Q 309
306	Which family planning methods are you currently using? (specify)			
307	Who decides to use family planning in the household?	1. Husband/partner		
		2. Wife		
		3. Both		

308	Did you get the family planning method you are using free of charge?	1. Yes		
		2. No		
309	What are the reasons for not using family planning methods?			
	Infrequent sex/No sex	1. Yes	2. No	
	Want to get birth	1. Yes	2. No	
	Respondent opposed	1. Yes	2. No	
	Husband/partner opposed	1. Yes	2. No	
	Religion opposed	1. Yes	2. No	
	Knows no method	1. Yes	2. No	
	Knows no source (where to find)	1. Yes	2. No	
	Fear of side effect	1. Yes	2. No	
	Inconvenient to use	1. Yes	2. No	
	No reason	1. Yes	2. No	
	Others(specify)_____			
310	Dou you use/accept any family planning methods now (post abortion)?	1. Yes		
		2. No		
311	Have you ever been counseled by health professionals about family planning methods?	1. Yes		
		2. No		Skip to Q 313
312	Do you think you have got enough information from the counseling?	1. Yes		
		2. No		
313	Where did you get family planning methods that you are using?			
	Government hospital	1. Yes	2. No	
	Health centre	1. Yes	2. No	
	Health post/HEW	1. Yes	2. No	
	Private clinic	1. Yes	2. No	
	Pharmacy	1. Yes	2. No	
	Others(specify)_____ _			
314	Does your husband/partner know that you are using family planning method? **(Ask only those respondents who are using family planning methods currently)**	1. Yes		
		2. No		

	Part 4. Abortion related data		
401	What is your reason for the current abortion?		
	Rape	1. Yes	2. No
	Incest	1. Yes	2. No
	Maternal conditions	1. Yes	2. No
	Fetal condition	1. Yes	2. No
	Others.(specify)		
402	What service do you need?	1.SAC	
		2.PAC	
403	What method did you use to terminate the current pregnancy?		
	MVA	1. Yes	2. No
	MA	1. Yes	2. No

404	Do you know about post-abortion family planning?	1. Yes	
		2. No	
405	From where did you hear about post-abortion family planning?	1. Mass media	
		2. Health professional	
		3. Negiouber/Friend	
		4. Other(Spesify)	
406	Do you know when post abortion family planning is given/ taken?	1. Yes	
		2. No	
407	If you know, describe the time.		
408	Do you belief in the importance of post-abortion family planning?	1. Yes	
		2. No	

READ: Thank you for taking time to answer these questions.

I will accept if you have any suggestion or question.

Thank you again for your cooperation!

የድህረ-ውርጃ ቤተሰብ ምጣኔ አገልግሎት ላይ ተጽእኖ የሚያሳድሩ ምክንያቶችን ለመረዳት የተዘጋጀ መጠይቅ።

(ይህ መጠይቅ የሚሞላው በጤና ድርጅቱ ውስጥ የጽንስ ማቋረጥ አገልግሎት የተሰጣቸው ፍቃደኛ ደንበኞችን በመጠየቅ ነው።)

ክልል_አዲስ አበባ____የጤና ድርጅቱ ስም_____
ቃለ መጠይቅ የተደረገበት ቀን_____

ቁ	ጥያቄ	መልስ	ወደ ጥያቄ → እለፍ
	ክፍል 1. መሰረታዊ መረጃ		
101	እድሜዎ ስንት ነው?		
102	የሚከተሉት ሃይማኖት ምንድነው?	1. ኦርቶዶክስ	
		2. ፕሮቴስታንት	
		3. ካቶሊክ	
		4. ሙስሊም	
		5. ሌላ(ጥቀሽ)	
103	አሁን የሚኖሩበት ቦታ የት ነው?	1. አዲስ አበባ	
		2. ክፍለ ሀገር	
		3. ከሀገር ውጪ	
104	የጋብቻ ሁኔታዎ ምን ይመስላል?	1. ያለገባች	ወደ ጥያቄ106 እለፍ
		2. ያላገባች/ከቋሚ ጓደኛ ጋር የምትኖር	
		3. ያገባች	
		4. የፈታች	ወደ ጥያቄ106 እለፍ
		5. የትዳር ጓደኛ የሞተባት	ወደ ጥያቄ106 እለፍ
105	የትዳር ጓደኞዎት አብሮት ይኖራል?	1. አዎ	
		2. አይ	
106	የትምህርት ደረጃዎ ስንት ነው?	1. ማንበብ መጻፍ የማይችል	
		2. ማንበብ መጻፍ የሚችል	
		3. አንደኛ ደርጃ(1-6)	
		4. መለስተኛ ሁለተኛ ደረጃ(7-8)	
		5. ሁለተኛ ደረጃ(9-12)	
		6. ኮሌጅ የደረሠች	
		7. ከኮሌጅ የተመረቀች	
107	የባለቤትዎ የትምህርት ደረጃ ስንት ነው?	1. ማንበብ መጻፍ የማይችል	
		2. ማንበብ መጻፍ የሚችል	
		3. አንደኛ ደርጃ(1-6)	
		4. መለስተኛ ሁለተኛ ደረጃ(7-8)	
		5. ሁለተኛ ደረጃ(9-12)	
		6. ኮሌጅ የደረሠች	

		7. ከኮሌጅ የተመረቀች	
108	ስራዎ ምንድንነው?	1. ነጋዴ	
		2. የቤት እመቤት	
		3. የመንግስት ሠራተኛ	
		4. የግል ሰራተኛ	
		5. መንግስታዊ ያልሆነ ድርጅት ሰራተኛ	
		6. ተማሪ	
		7. የቀን ሰራተኛ	
		8. የቤት ሰራተኛ	
		9. ስራ የሌለው	
		10. ሌላ(ጥቀስ)	
	ክፍል 2. ስለ ተዋልዶ ጋር በተያያዘ		
201	ልጅ ወልደዋል?	1. አዎ	
		2. አይ	ወደ ጥያቄ 203 እለፍ
202	ከወለዱ		
	1.በህይወት የተወለዱ ልጆች ብዛት		
	2.በህይወት ያሉ ልጆች ብዛት		
	3.የመጨረሻው ልጅ እድሜ		
203	ውርጃ ኖሮት ያውቃል?	1. አዎ	
		2. አይ	
204	(ተጨማሪ)ልጅ መውለድ ይፈልጋሉ?	1. አዎ	
		2. አይ	ወደ ጥያቄ 206 እለፍ
205	የሚቀጥለውን ልጅ መቼ መውለድ ይፈልጋሉ?	1. በአንድ አመት ጊዜ ውስጥ	
		2. ከአንድ አመት በኋላ	
		3. ከ2-3 አመት	
		4. ከ3-5 አመት	
		5. ከአምስት አመት በኋላ	
	ክፍል 3. ከዘመናዊ የወሊድ መከላከያ ጋር የተያያዘ		
301	ስለወሊድ መከላከያ ዘዴ ሰምተው ያውቃሉ?	1. አዎ	
		2. አይ	ወደ ጥያቄ 303 እለፍ

302	ስለየትኛው መከላከያ አይነት ሰምተው ያውቃሉ?		
	• የወሊድ መቆጣጠሪያ እንክብል	1. አዎ 2. አይ	
	• በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• ሉፕ	1. አዎ 2. አይ	
	• በክንድ ቆዳ ስር የሚቀመጥ	1. አዎ 2. አይ	
	• ኮንዶም	1. አዎ 2. አይ	
	• የድንገተኛ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• የሴቶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• የወንዶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
303	የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ?	1. አዎ 2. አይ	
304	የትኛውን የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ?		
	• የወሊድ መቆጣጠሪያ እንክብል	1. አዎ 2. አይ	
	• በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• ሉፕ	1. አዎ 2. አይ	
	• በክንድ ቆዳ ስር የሚቀመጥ	1. አዎ 2. አይ	
	• ኮንዶም	1. አዎ 2. አይ	
	• የድንገተኛ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• የሴቶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	• የወንዶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
305	አሁን የወሊድ መከላከያ እየተጠቀሙ ነው?	1. አዎ 2. አይ	ወደ ጥያቄ 307 እለፍ
306	የትኛውን የመከላከያ ዘዴ ነው የሚጠቀሙት? ጥቀሱ		
307	የወሊድ መከላከያ ዘዴን በቤተሰብ ውስጥ የሚወስነው ማን ነው?	1. ሚስት 2. ባል 3. ባልናሚስት	
308		1. አዎ	

	የሚጠቀሙት የመከላከያ ዘዴ የሚያገኙት በነጻ ነው?	2. አይ	

309	(ወሊድ መከላከያ ለማይጠቀሙ) የወሊድ መከላከያ የማይጠቀሙበት ምክንያት ምንድነው?			
	• በቁጥር ውስን የሆኑ ወይም ምንም የወሲብ ግኑኝነት አለመኖር	1. አዎ	2. አይ	
	• ለመውለድ መፈለግ	1. አዎ	2. አይ	
	• ለመጠቀም ያለመፈለግ	1. አዎ	2. አይ	
	• የባል ወይም የጓደኛ ተጽእኖ	1. አዎ	2. አይ	
	• የሀይማኖት ተቃርኖ	1. አዎ	2. አይ	
	• የመከላከያ ዘዴ ያለማወቅ	1. አዎ	2. አይ	
	• የት እንደሚገኝ ያለማወቅ	1. አዎ	2. አይ	
	• ተጓዳኝ ችግሮችን መፍራት	1. አዎ	2. አይ	
	• ለአጠቃቀም ምቹ አለመሆን	1. አዎ	2. አይ	
	• ምክንያት የለም	1. አዎ	2. አይ	
	• ሌላ(ጥቀሽ)			
310	ክዚህ በፊላ የወሊድ መከላከያ መጠቀም ሐሳብ አለዎት?	1. አዎ		
		2. አይ		
311	ስለወሊድ መከላከያ ከጤና ባለሙያ የምክክር አገልግሎት አግኝተው ያውቀሉ?	1. አዎ		ወደ ጥያቄ 313 እለፍ
		2. አይ		
312	ከምክክሩ በቂ እውቀት ግንዛቤ አግኝቻለሁ ብለው ያምናሉ?	1. አዎ		
		2. አይ		
313	የሚጠቀሙትን የወሊድ መከላከያ ዘዴ የሚያገኙት ከየት ነው?			
	• ከመንግስት ሆስፒታል	1. አዎ 2. አይ		
	• ከጤና ጣቢያ	1. አዎ 2. አይ.		
	• ከጤና ኬላ/ከጤና ኤክስቴንሽን ሰራተኛ	1. አዎ 2. አይ		
	• ከግል ሆስፒታል(ክሊኒክ)	1. አዎ 2. አይ		
	• ከፋርማሲ	1. አዎ 2. አይ		
	• ሌላ (ጥቀሽ)			
314	ባለቤትዎ/ጓደኛዎ የወሊድ መከላከያ	1. አዎ		

	ዘዴ እንደሚጠቀሙ ያውቃሉ?	2. አይ	
	ክፍል 4. ውርጃ ጋር በተያያዘ		
401	ይህንን ውርጃ የሚፈጽሙበት ምክንያት ምንድ ነው?		
	• መደፈር	1. አዎ 2. አይ	
	• ከዘመድ የሆነ እርግዝና	1. አዎ 2. አይ	
	• የእናትየዋ የጤና ሁኔታ	1. አዎ 2. አይ	
	• የጽንሱ የጤና ሁኔታ	1. አዎ 2. አይ	
	• ሌላ(ጥቀሽ)	1. አዎ 2. አይ	
402	ምን አይነት አገልግሎት ፈልገው መጡ?	1. የጽንስ ማቋረጥ አገልግሎት(SAC)	
		2. ድህረ-ጽንስ ማቋረጥ አገልግሎት(PAC)	
403	ጽንሱ የተቋረጠው በምን መንገድ ነው?		
	• በፕላስቲክ መሣሪያ (MVA)	1. አዎ 2 .አይ	
	• በመድሀኒት(MA)	1. አዎ 2. አይ	
404	ስለ ድህረ ውርጃ ቤተሰብ ምጣኔ አገልግሎት ያውቃሉ?	1. አዎ	
		2. አይ	
405	ስለ ድህረ ውርጃ ቤተሰብ ምጣኔ አገልግሎት ከየት ሰሙ?	1. ከብዙሀን መገናኛ	
		2. ከጤና ባለሙያ	
		3. ከጎረቤት (ከጓደኛ)	
		4. ሌላ(ጥቀስ)	
406	ድህረ ውርጃ ቤተሰብ ምጣኔ አገልግሎት መች ጀምሮ እንደሚወሰድ ያውቃሉ?	1. አዎ	
		2. አይ	
407	ካወቁ መች ጀምሮ እንደሚወሰድ ይግለፁ::		
408	ስለድህረ ውርጃ ቤተሰብ ምጣኔ አገልግሎት አስፈላጊነት ያምናሉ?	1. አዎ	
		2. አይ	

ጥያቄዎቼን ጨርሻለሁ፡ ጥያቄዎቼን ለመመለስ ላደረጉልኝ ገዛና ጊዜዎ ሰውተው ስለተባበሩኝ አመሰግናለሁ::

ተጨማሪ የሚሰጡት አስተያየት ወይንም ጥያቄ ካሎት ቢገልፁልኝ?

በድጋሚ ክልብ አመሰግናለሁ፡

ANNEX 3. Interview Guide

An interview Guide for abortion care providers to assess factors associated with post abortion contraception

1. Date: _____
2. Name of Health institution: _____
3. What your profession? _____
4. What is your work experience? _____
5. What is your recent Job position?_____
6. How long have you been working in this clinic?_____
7. What is your job title in this clinic (department)?_____
8. Do you trained to provide CAC services? _____
9. If yes, when and by whom?
10. Do you have any additional related training?
11. What is average proportion of clients who take post abortion family planning?
12. Are job-aid materials (policy documents, guidelines, protocols, standards, etc) for post abortion family planning service provision, available in the way that you can access them? If not, why?
13. What do you think are factors affecting the post abortion family planning acceptance?
14. Is the head /managements of the facility or FP unit head providing adequate support for PAFP service? How?
15. Do you given post abortion family planning counseling to your abortion clients? If yes, how do you do it? If not, why?
16. Do you think offering PAFP is necessary? Why?
17. What additional things would you like to have to provide PAFP?

11. DECLARATION

I, the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of Public Health. I also declare that it has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

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Signature: _____

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Date of submission: May 4, 2011

This thesis has been submitted for examination with my approval as a university advisor.

Advisor Name: _____ Asmeret Moges ___

Signature: _____

Date of submission: _____